



10-22-04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/750,289
Filing Date: 12/31/2003
Confirmation Number: 9185
Applicant: Gillis
Title: Intensity Variation Device for Training Animals
Docket Number: 29105.00
Examiner: Bethany L. Griles
Art Unit: 3643
Customer Number: 22465
Express Mail Number: EV434159021US

RESPONSE TO NON-FINAL OFFICE ACTION MAILED AUGUST 6, 2004
PAPER NUMBER 0803

Mail Stop Non-Fee Amendments
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is filed on behalf of the Applicant in the above-referenced patent application in response to Paper Number 0803 mailed on August 6, 2004. It is deemed to place the application in a condition for allowance.



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/750,289
		Filing Date	December 31, 2003
		First Named Inventor	GILLIS, et al.
		Art Unit	3643
		Examiner Name	Bethany L. Griles
Total Number of Pages in This Submission	21	Attorney Docket Number	29105.00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas A. Kulaga
Signature	<i>Thomas A. Kulaga</i>
Date	10-21-04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	

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